



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 3731  
Examiner : Gwen G. Phanijphand  
Serial No. : 09/917,385  
Filed : July 27, 2001  
Inventor : Lisa A.G. Tweardy  
:  
Title : CERAMIC-TIPPED  
: SKULL PINS

**RECEIVED**

APR 20 2003

TECHNOLOGY CENTER 83700

Docket No.: 1461-R-00

Confirmation No.: 9974

Dated: April 15, 2003

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Commissioner for Patents  
Washington, DC 20231

Sir:

**Certificate of Mailing Under 37 CFR 1.8**

For

Postcard

Amendment Transmittal Letter, in duplicate  
Amendment

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to the Commissioner for Patents, Washington, DC 20231, on the date appearing below.

Name of Applicant, Assignee, Applicant's Attorney  
or Registered Representative:

Schnader Harrison Segal & Lewis  
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By:

Date:

*Joan J. Kugel*  
*April 15, 2003*



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APR 20 2003

Attorney Docket No.: 1461-R-00

TECHNOLOGY CENTER R3700  
In re Application of Lisa A. G. Tweardy

Serial No.: 09/917,385

Filed: July 27, 2001

For: CERAMIC TIPPED SKULL PINS

COMMISSIONER FOR PATENTS  
Washington, DC 20231

Sir:

Transmitted herewith is an Amendment in the above-identified application.

— Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 15	-	** 20 =	0
INDEP.	* 3	-	*** 3 =	0
First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x42=	\$
+140=	\$

OR

RATE	ADD'L FEE
x18=	\$
x84=	\$
+280=	\$

TOTAL ADDITIONAL FEE \$0 OR \$

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

— Please charge my Deposit Account No. 13-3405 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

— A check in the amount of \$ \_\_\_\_\_ is attached.

x The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 13-3405. A duplicate copy of this sheet is enclosed.

x Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

x Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

 4/15/03  
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